

Exhibit 5

Attachment A
OP-050109INCIDENT/STAFF REPORT

_____ ACCIDENT/INJURY (STAFF OR INMATE/OFFENDER)	_____ DRUGS/SYRINGE	_____ SHAKEDOWN
_____ ASSAULT	_____ FOODS/KITCHEN	_____ VISITING PROBLEM
_____ CONTRABAND	_____ ALCOHOL/BEER	_____ WEAPON
_____ USE OF FORCE/RESTRAINTS	<u>X</u> _____ INFORMATION	_____ MAINTENANCE PROBLEM
_____ DESTRUCTION OF PROPERTY	_____ KEYS/LOCKS	_____ SECURITY THREAT GROUP
_____ COMMUNICATION DEVICES	_____ OTHER	

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INMATE/OFFENDER INVOLVED: Grant, John 102816 HOUSING ASSIGNMENT: Self
 (NAME) (DOC NUMBER)

5-3, 20 21 Approx 1230 AM/PM Amber Robinsen CCMB
 (DATE OF INCIDENT) (TIME OF INCIDENT) (SIGNATURE OF REPORTING EMPLOYEE)

LOCATION OF INCIDENT: Self Amber Robinsen CCMB
 (PRINTED NAME AND TITLE OF REPORTING EMPLOYEE)

1240 05-03-21
 (DATE AND TIME SUBMITTED TO SHIFT/DEPARTMENT SUPERVISOR)

WITNESS: _____

SECURITY THREAT GROUP

- ☐ Admitted gang member
- ☐ Has tattoos, wears or possesses clothing and/or other paraphernalia or other indications of gang associations
- ☐ Has been participating in delinquent/criminal activity with known gang member(s)
- ☐ Observation confirms the individual's close association with known gang member(s)
- ☐ Information from reliable information source identifies the individual as a gang member

INMATE/OFFENDER ASSOCIATES: _____

DETAILED DESCRIPTION OF INCIDENT: (Print or Type – Include what happened, who, where, when, how, and why)

On above date and approx time Inmate Grant 102816 was asked if he would come out for a lawyer call. Inmate Grant stated "I already told them fucking no!" Ms Battles notified at this time. EDL

SUPERVISOR'S COMMENTS AND ACTION TAKEN: information forwarded - RDISTRIBUTION:

Original – Chief of Security
 1st Copy – Facility/Unit Head
 2nd Copy – Assistant Facility/Unit Head
 3rd Copy – Unit Manager (If applicable)

[Signature] 05-03-21
 SHIFT/ SUPERVISOR SIGNATURE DATE

(R 8/19)